

**Opening Statement of Chairman Gregg Harper
Subcommittee on Oversight and Investigations
“Examining the Availability of SAFE Kits at Hospitals in the United States.”
December 12, 2018**

(As prepared for delivery)

The Subcommittee will come to order. Today, the Subcommittee on Oversight and Investigations is holding a hearing entitled “Examining the Availability of SAFE Kits at Hospitals in the United States.”

Sexual Assault is a vicious and deeply traumatizing crime inflicted against hundreds of thousands of Americans each year. As policymakers, it is our responsibility to do everything we can to help those survivors and hold the perpetrators of those crimes accountable. To accomplish that, we must improve and expand access to critical forensic and healthcare services that survivors seek after an assault.

In 2016, the Bureau of Justice Statistics reported that more than 323,450 people were the victims of sexual assault. However, the actual number of survivors may be much higher. According to the National Crime Victimization Survey, sexual assault is the most underreported crime in the country. In fact, aggregate data from the FBI and DOJ indicates that only 23 percent of rapes were reported between 2012 and 2017.

The first step toward prosecuting these vicious crimes is often the collection of a sexual assault forensic exam, more commonly known as a rape kit. A rape kit can be performed by a specially trained Sexual Assault Nurse Examiner – a “SANE” – or by a nurse or medical professional that does not have SANE training. However, rape kits performed by trained SANEs – what we will call “SAFE kits” – result in better outcomes for patients, including shortened exam time, better quality health care, higher quality forensic evidence collection, and higher prosecution rates.

These kits can be vital to securing a prosecution and conviction, but in many areas of the country, it can prove shockingly difficult for a survivor of sexual assault to obtain a SAFE kit. One of our witnesses today, the International Association of Forensic Nurses (IAFN), estimates that only about 15 percent of hospitals in the

United States provide SAFE kits. We don't know what happens to many of the survivors that visit a hospital that do not have SANE nurses available.

In 2016, the GAO published a report entitled "Sexual Assault: Information on Training, Funding, and the Availability of Forensic Examiners." The report examined the challenges that hospitals face in providing access the SANEs and SAFE kits, including limited availability of SANE training, weak stakeholder support for examiners, and low examiner retention rates. We intend to explore each of those issues today.

Over the course of our work, we've sent letters to 15 hospitals and 10 hospital associations across the country to assess what services those hospitals offer, and what challenges they face in making those services available. Their responses were enlightening, and have not only helped the Committee better understand the challenges to providing access to SANEs and SAFE kits, but also identify some of the solutions. I want to thank all of those hospitals and groups for their cooperation and, without objection, I ask unanimous consent to enter their responses into the record.

Finally, adding to the issue of lack of access is the fact that very little data is available about where survivors *can* find SAFE kits. The nationwide IAFN database appears to be the best in the country, but is not comprehensive. For example, the IAFN database lists only two locations in my home state of Mississippi, but my staff was able to locate at least 10 SANE programs online.

That is not a criticism of IAFN, but a call to action: I hope that one result of today's hearing will be to motivate communities around the country to raise awareness of where SAFE kits can be found and move toward making that information widely available. To that end, I'd also like to ask unanimous consent to enter into the record a document the Committee created which includes every list or database our staff could find for SANE programs and SAFE ready facilities across the country. It is our hope that this can be a resource to survivors across the country, and that we can lead the charge in educating the public about this important issue.

I'd like to thank all of our witnesses for joining us and sharing your expertise today. I know this is a sensitive topic, but it's a very important one. We look forward to hearing your testimony.

Before I introduce the Ranking Member for her statement, I would like to take a moment of personal privilege. This will be my last hearing chairing this Subcommittee before I begin my eagerly-anticipated retirement in a few weeks. I would like to thank Chairman Walden for the opportunity to chair this Subcommittee through so many important hearings, including this one. I would also like to thank the Ranking Member and all of my colleagues on both sides of the aisle for their assistance on so many important matters.